

1-PAGE # 1		2-ORI NUMBER VA1230000		INCIDENT REPORT COMMONWEALTH OF VIRGINIA UNAPPROVED				14-INTERNAL INCIDENT STATUS		15-EXCEPTIONAL CLEARANCE STATUS	
3-INCIDENT NUMBER 21-028314				13-SOLVABILITY FACTORS				<input type="checkbox"/> (1) Unfounded <input checked="" type="checkbox"/> (2) Cleared by Arrest <input type="checkbox"/> (3) Pending <input type="checkbox"/> (4) Inactive		<input type="checkbox"/> (A) Death Of Offender <input type="checkbox"/> (B) Prosecution Declined <input type="checkbox"/> (C) Extradition Declined <input type="checkbox"/> (D) Refused To Cooperate <input type="checkbox"/> (E) Juvenile, No Custody <input checked="" type="checkbox"/> (N) Not Applicable	
4-DATE(S) OF INCIDENT 04/03/2021				5-R		<input type="checkbox"/> (1) Suspect Named <input type="checkbox"/> (2) Witness to Crime <input type="checkbox"/> (3) Property Traceable		<input type="checkbox"/> (4) Unique M.O. <input type="checkbox"/> (5) Suspect Identified <input type="checkbox"/> (6) Susp. Vehicle Identified <input type="checkbox"/> (7) Significant Evidence		16-EXCEPT. CLEAR. DATE	
7-TIME(S) OF INCIDENT 05:50				8-DAY(S) OF INCIDENT Saturday				17-TEMP.: 35° F		18-WEATHER: (Max. 1) <input checked="" type="checkbox"/> (1) Clear <input type="checkbox"/> (2) Cloudy <input type="checkbox"/> (3) Rain <input type="checkbox"/> (4) Snow <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unk.	
9-DISPATCHER		10-TIME RECEIVED 5:51		11-TIME ARRIVED 5:55		12-REPORTING AREA D02		23-Burglary (220) Location 14&19: # PREMISES ENTERED?		24-FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19-OFFENSE # 1		20-OCR CODE 520		21-OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed		22-OFFENDER USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs <input checked="" type="checkbox"/> (N) Not Applicable		26-ADDRESS OF OFFENSE ROANOKE, VA		27-DIRECTION OF TRAVEL: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> UNK.	
25-OFFENSE NAME Weapon Law Violations				26-ADDRESS OF OFFENSE ROANOKE, VA				27-DIRECTION OF TRAVEL: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> UNK.			
28-LOCATION CODE (Enter 1)				29-WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.)				33-HOW LEFT SCENE (enter 1)			
<input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (03) Bar/Night Club <input type="checkbox"/> (04) Church/Synagogue/Temple <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department Discount Store <input type="checkbox"/> (09) Drug Store/DR's Office/Hospital <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (12) Grocery/Supermarket <input type="checkbox"/> (13) Highway/Road/Alley <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (15) Jail/Prison/Institution <input type="checkbox"/> (16) Lake/Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School/College <input type="checkbox"/> (23) Service/Gas Station <input type="checkbox"/> (24) Specialty Store (TV,Fur,Etc.) <input type="checkbox"/> (25) Other/Unknown				<input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (70) Narcotics/Drugs/ Sleeping Pills <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None				<input type="checkbox"/> (1) Auto <input type="checkbox"/> (2) Truck <input type="checkbox"/> (3) Van <input type="checkbox"/> (4) Motorcycle <input type="checkbox"/> (5) Bicycle <input type="checkbox"/> (6) Foot <input type="checkbox"/> (7) Moped <input type="checkbox"/> (8) Other <input type="checkbox"/> (9) Unknown			
30-TYPE CRIMINAL ACTIVITY: (Max. 3)				31-TYPE SECURITY: (Max. 2)				32-ENTRY/EXIT: (Max. 2 entry, 2 exit)			
<input type="checkbox"/> (B) Buying <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (F) Possessing/Concealing <input type="checkbox"/> (T) Transport/Transit/Import <input type="checkbox"/> (U) Using/Consuming				<input type="checkbox"/> (A) Alarm/Audio <input type="checkbox"/> (B) Alarm/Silent <input type="checkbox"/> (C) Bars/Grate <input type="checkbox"/> (D) Camera <input type="checkbox"/> (E) Dog <input type="checkbox"/> (F) Dead Bolt <input type="checkbox"/> (G) Locked <input type="checkbox"/> (H) Unlocked <input type="checkbox"/> (I) Ext. Lights <input type="checkbox"/> (J) Int. Lights <input type="checkbox"/> (K) Fence <input type="checkbox"/> (L) Guard <input type="checkbox"/> (M) Neighborhd. Watch <input type="checkbox"/> (N) Other <input type="checkbox"/> (O) None				En Ex <input type="checkbox"/> (01) Front <input type="checkbox"/> (02) Rear <input type="checkbox"/> (03) Side <input type="checkbox"/> (04) Attic <input type="checkbox"/> (05) Vent/A/C <input type="checkbox"/> (06) Window <input type="checkbox"/> (07) Door <input type="checkbox"/> (08) Patio/Sliding Dr. <input type="checkbox"/> (09) Balcony/Fire Escape <input type="checkbox"/> (10) Attached Garage <input type="checkbox"/> (11) Wall <input type="checkbox"/> (12) Vehicle <input type="checkbox"/> (13) Floor <input type="checkbox"/> (14) Roof/Skylight <input type="checkbox"/> (15) Hidden Within <input type="checkbox"/> (16) Other <input type="checkbox"/> (17) Unknown			
34-WHICH OFFENDERS ARE RELATED TO THIS OFFENSE? (mark offender #): <input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9 <input type="checkbox"/> #10 others:				35-BIAS MOTIVATED CRIME: 88 - None (No Bias)							
36-VICTIM # 1		37-NAME: Last, First, Middle SOCIETY				38-SOC. SEC. NO.		39-DATE OF BIRTH			
40-RESIDENT ADDRESS: Street City State 41-ZIP				53-RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number):				VICTIM WAS:			
42-OCCUPATION				43-RESIDENT PHONE				<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9 <input type="checkbox"/> #10 (SE) Spouse (CS) Common-Law Spouse (PA) Parent (SB) Sibling (CH) Child (GP) Grandparent (GC) Grandchild (IL) In-Law (SP) Stepparent (SC) Stepchild (SS) Stepsibling (OF) Other Family Member (AQ) Acquaintance (FR) Friend (NE) Neighbor (BE) Babysitter (baby) (BG) Boyfriend/Girlfriend (CF) Child of Boyfriend/Girlfriend (HR) Homosexual Relationship (XS) Ex-Spouse (EE) Employee (ER) Employer (OK) Otherwise Known (RU) Relationship Unknown (ST) Stranger (VO) Victim was Offender			
44-EMPLOYMENT PHONE				45-SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown							
46-ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown				47-AGE: Exact Age _____ Range _____ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown							
48-RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian/Pacific Islander				49-RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown							
50-VICTIM TYPE: <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input checked="" type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other <input type="checkbox"/> (L) L. E. Officer				51-VICTIM INJURY: (Max. 5) <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (U) Unconsciousness				52-THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10 <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #8 <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9			
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES				54-Justifiable Homicide: (enter 1) <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer				57-ADDITIONAL JUSTIFIABLE HOMICIDE CIRC.: (enter 1) <input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civilian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information			
54-Justifiable Homicide: (enter 1) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killing <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances				54-Negligent Manslaughter: (enter 1) <input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings							
58-REPORT DATE 04/04/2021		59-DAY Sun		60-TIME (Military) 4:03		61-REPORTING OFFICER Officer Brian A. Booker		62-CODE # 1023		63-APPROVING SUPERVISOR	
64-CODE #		65-DATE APPROVED									

## SUBJECT DESCRIPTORS

# INCIDENT REPORT

COMMONWEALTH OF VIRGINIA

VEHICLE	173-PAGE # 3	174-DATE 04/04/2021	175A-INCIDENT # 21-028314	176-REPORTING OFFICER Officer Brian A. Booker		177-CODE # 1023	178-VICTIM NAME SOCIETY		
	179-YEAR	180-MAKE	181-MODEL	182-STYLE	183-VIN	184-LICENSE NUMBER		185-STATE	
	186-OWNER'S NAME				187-ADDRESS				
	188-TOP/SOLID COLOR		189-SECOND COLOR		190-DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Rel. To Owner		192-SUSP. VEHICLE? <input type="checkbox"/> Y <input type="checkbox"/> N		193-TELETYPE NUMBER
VEHICLE	179-YEAR	180-MAKE	181-MODEL	182-STYLE	183-VIN	184-LICENSE NUMBER		185-STATE	
	186-OWNER'S NAME				187-ADDRESS				
	188-TOP/SOLID COLOR		189-SECOND COLOR		190-DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Rel. To Owner		192-SUSP. VEHICLE? <input type="checkbox"/> Y <input type="checkbox"/> N		193-TELETYPE NUMBER
	209-OF. CODE		210-P. LOSS	211-P. DES.	212-QTY.	213-DESCRIPTION (Include serial number, size, color, etc.)		214-OWNER	215-ITEM VALUE
PROPERTY									
217-TOTAL NUMBER VEHICLES STOLEN:			218-TOTAL NUMBER VEHICLES RECOVERED:			219-TOTAL VALUE STOLEN:		220-TOTAL VALUE RECOVERED:	
PROPERTY CODES	210-PROPERTY LOSS: (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.								
	211-PROPERTY DESCRIPTION:								
	(01) Aircraft (02) Alcohol (03) Automobiles (04) Bicycles (05) Buses (06) Cloths/Furs (07) Computer Hardware/Software (08) Consumable Goods (09) Credit Cards/Debit Cards (10) Drugs/Narcotics			(11) Drug/Narc. Equipment (12) Farm Equipment (13) Firearms (14) Gambling Equipment (15) Heavy Equipment-Construction/Industry (16) Household Goods (17) Jewelry/Precious Metals (18) Livestock (19) Merchandise (20) Money			(21) Negotiable Instruments (22) Nonnegotiable Instruments (23) Office-Type Equipment (24) Other Motor Vehicles (25) Purses/Handbags/Wallets (26) Radios/TVs/VCRs (27) Recordings-Audio/Visual (28) Recreational Vehicles (29) Structures-Single Occupancy (30) Structures-Other Dwellings (31) Structures-Commercial/Business		
	(32) Structures-Industrial/Manufacture (33) Structures-Public/Community (34) Structures-Storage (35) Structures-Other (36) Tools-Power/Hand (37) Trucks (38) Vehicle Parts/Accessories (39) Watercraft (77) Other (88) Pending Inventory (of Property) (99) Special Category								
DRUG INFO.	222-DRUG TYPE E		223-WHOLE DRUG QUANTITY 3		224-FRACTIONAL DRUG QUANTITY .6		225-DRUG MEASUREMENT GM		226-TYPE DRUG MEASUREMENT: WEIGHT (GM) Gram (KG) Kilogram (OZ) Ounce (LB) Pound  CAPACITY (ML) Milliliter (LT) Liter (FO) Fluid Ounce (GL) Gallon  UNITS (DU) Dosage Unit (Pills, etc.) (NP) Number of Plants
COMPLT.	222-DRUG TYPE:								
	(A) "Crack" Cocaine (B) Cocaine (C) Hashish (D) Heroin (E) Marijuana (F) Morphine (G) Opium (H) Other Narcotics (I) LSD (J) PSP (K) Other Hallucinogens (L) Amphetamines/Methamphetamines (M) Other Stimulants (N) Barbiturates (O) Other Depressants (P) Other Drugs (U) Unknown Type Drug (X) Over 3 Drug Types								
COMPLT.	NAME Last, First, Middle				SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		AGE: _____ <input type="checkbox"/> (00) Unknown		RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown
	RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE		EMPLOYT. PHONE		

## CONFIDENTIAL SUPPLEMENT

226-PAGE # 4	227-DATE 04/04/2021	228-INCIDENT NUMBER 21-028314	229-REPORTING OFFICER Officer Brian A. Booker	230-CODE # 1023	231-VICTIM NAME SOCIETY
234-SCENE PROCESSED BY:				236-PRINTS FOUND? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	238-EVIDENCE OBTAINED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
239-APPROVING SUPERVISOR			240-CODE #	241-DATE APPROVED	
243-NAME: Last, First, Middle			244-SEX: <input type="checkbox"/> (U) Unk <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	245-AGE: <input type="checkbox"/> (00) Unknown	246-RACE: <input type="checkbox"/> (U) Unk <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
247-RESIDENT ADDRESS: Street City State			248-Zip	249-RESIDENT PHONE	250-EMPL. PHONE
243-NAME: Last, First, Middle			244-SEX: <input type="checkbox"/> (U) Unk <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	245-AGE: <input type="checkbox"/> (00) Unknown	246-RACE: <input type="checkbox"/> (U) Unk <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
247-RESIDENT ADDRESS: Street City State			248-Zip	249-RESIDENT PHONE	250-EMPL. PHONE
NARRATIVE:					
On Saturday 4/3/21 at 0553 hours I, Officer BA Booker, was dispatched to [REDACTED] in reference to a GSW. Upon arrival, I was pointed to a black female in the back seat of a silver Chevrolet sedan. When I attempted to speak with the female initially, she advised that she needed to get home and began running north on [REDACTED] towards her apartment. When I caught up to her, I told her to stop running and asked her to speak with me about what happened. She advised that she was not shot but grazed on her left leg. There was no noticeable tear in her jeans that was not a part of the original design and no blood was located anywhere on her person. The female was later identified as [REDACTED]					
After several minutes of speaking with [REDACTED] she calmed down enough to tell me where she lived with her mother at [REDACTED]. I walked with her to the apartment and attempted to make contact with her mother who was supposed to be inside. As we walked, [REDACTED] was unable to walk without almost collapsing claiming she was having panic attacks because of the incident. When I made it to the landing in front of her apartment, there was one brass casing near the stairs.					
[REDACTED] sat in front of the door and gave me her personal information. When I asked what she remembered about the incident, she advised that she was walking with her child's father (T [REDACTED] L [REDACTED]) when they heard two gunshots in front of them. [REDACTED] advised that they began walking in the opposite direction as an unknown vehicle was passing them. She advised that one more shot was fired from the vehicle and she felt it "graze" her leg. [REDACTED] advised that she did not see who shot at her and did not know of anyone who would want to harm her or [REDACTED]. [REDACTED] advised that she does remember the shots coming from in front of her					
I asked [REDACTED] if she knew where [REDACTED] ran and what her, she advised that she was told to stay in the vehicle she was located in. [REDACTED] smelled of an alcoholic beverage as we spoke. [REDACTED] advised that neither she nor [REDACTED] had a key to the apartment to get inside.					
After no one answered the door for [REDACTED] [REDACTED] was free to leave. Nothing else was located on the scene at the time.					
I later responded to [REDACTED] Lewiston St NW in reference to a black male matching the description of what was later given as the suspect for the shooting. Officer Newman made contact with the male and gave commands for the male to remove his hands from his hoodie. The male began running and shortly was taken into custody. A firearm was recovered in a driveway of neighbor.					

WITNESSES

## CONFIDENTIAL SUPPLEMENT NARRATIVE CONTINUATION

226-PAGE #	227-DATE	228-INCIDENT NUMBER	229-REPORTING OFFICER	230-CODE #	231-VICTIM NAME
5	04/04/2021	21-028314	Officer Brian A. Booker	1023	SOCIETY

NARRATIVE:

██████████ was transported to docket where warrants for obstruction and concealing a firearm

Nothing further.

SUPPLEMENT #1    Officer Brian A. Booker - 1023    04/03/2021    09:38

AXON BODYCAM #P1023

START: 0551

END:0820

SUPPLEMENT #2    Officer David C. Gardner - 1103    04/03/2021    07:33

On April 3, 2021 I Officer D.C. Gardner responded to ██████████ in reference to a GSW. I was advised by Officer Cochran that there was evidence at ██████████ in front of ██████████ I asked other Officers if they knew the extents of the crime scene, however no one was really sure where the incident took place and whether or not someone was actually shot.

I took photographs of the exterior front entrance of ██████████. The building was a multi-residence three story apartment building that was facing west. I went to the third level and observed a pile of trash that was thrown around and near the trash was a single brass cartridge casing. I documented the scene using photographs. I then collected the casing. The cartridge casing was a 9mm Luger Ammo Inc.

While I was clearing the scene I heard Officer Newman air over channel one that he was in a foot pursuit. I began responding to the area but while enroute I was advised that the subject was in custody. When I arrived on scene in the area of the ██████████ block of Lewiston Avenue NW I was advised that there was a firearm tossed by a subject and an Officer was standing by with the firearm. I took overall photographs of the area the firearm was. I then took midrange and close up photographs of the firearm. The firearm was a black in color Taurus handgun. Officer Cochran advised he would take custody of the firearm once I was done take photographs. Once completed taking photographs I cleared the scene.

Photographs: Yes

Processed: None

Collected: Yes

Item 001 - 9mm Luger Ammo Inc Brass Cartridge Casing

Nothing further.

SUPPLEMENT #5    Officer Robert K. Newman - 1002    04/03/2021    08:32

On 04/03/2021 at 0550 hours, I, Ofc R.K. Newman responded to ██████████ in reference



## CONFIDENTIAL SUPPLEMENT NARRATIVE CONTINUATION

226-PAGE #	227-DATE	228-INCIDENT NUMBER	229-REPORTING OFFICER	230-CODE #	231-VICTIM NAME
6	04/04/2021	21-028314	Officer Brian A. Booker	1023	SOCIETY

NARRATIVE:

to a GSWI.

Once on scene, I made contact with [REDACTED]. [REDACTED] stated he was getting ready to leave for work when his girlfriend told him she heard a gunshot. [REDACTED] then went outside and observed a black female on the ground and a black male near her. [REDACTED] stated the black male, wearing all black, nappy/tall dreadlocks and had a black handgun with an extended magazine, stated "help me, help me, I just shot my girlfriend". [REDACTED] stated he was in fear for his life that he might be shot but he picked up the female to take her to his friend's car where we made contact with the female.

Upon asking her if she was ok, she took off running and had to be calmed down by other officers before medics arrived on scene.

I was then notified by other callers that the suspect was seen running between buildings towards the wood line. Myself and assisting officers walked the wood line searching for the suspect, but he was not located.

Once back at the scene, I spoke with [REDACTED] who stated he called 911 at 0550 hours. [REDACTED] stated he heard a male and female arguing between [REDACTED]. Shortly after [REDACTED] stated he heard one gunshot and a female scream. [REDACTED] stated he did not look outside due to fear he might get shot.

While clearing the scene, dispatch notified us of a subject knocking on the door of [REDACTED] Lewiston St NW that matched the description of the suspect from the GSW. Once on scene, I approached the door and observed a B/M with bushy dreadlocks and dark clothing. The subject had both hands concealed under his hoodie. I announced police and for him to show us his hands. With his hands concealed, he looked to the right and began running. The subject fell in the yard and I observed a gun come out from under his hoodie. I yelled out gun and the subject dropped the gun onto the driveway of [REDACTED] Lewiston St NW. We continued chasing him until he was taken into custody.

An ET was called to scene.

I then cleared the scene and went to docket to attempt to obtain a warrant on T [REDACTED] L [REDACTED] for brandishing on [REDACTED]. I was denied the charge.

Nothing further

SUPPLEMENT #6    Officer Robert K. Newman - 1002    04/03/2021    08:36

BWC 1002

START 0550

END 0830

SHOP 2433

## CONFIDENTIAL SUPPLEMENT NARRATIVE CONTINUATION

226-PAGE #	227-DATE	228-INCIDENT NUMBER	229-REPORTING OFFICER	230-CODE #	231-VICTIM NAME
7	04/04/2021	21-028314	Officer Brian A. Booker	1023	SOCIETY

NARRATIVE:

START 0550

END 0830

SUPPLEMENT #8    Officer Michael G. Saunders - 1199    04/03/2021    20:38

On Saturday, April 3, 2021 at approximately 0555, I, Officer Saunders and FTO Cochran were dispatched to [REDACTED] in reference to a GSW victim.

Upon arrival to the scene we located two witnesses to the shooting. They told us that the shooter had come out from behind a white car and just started to shoot. They informed us they saw the shooter turn around and run around the apartment complex and lost sight after that.

We then approached the victim while she was being spoken to by two other officers. There were no visible injuries that I could see on the victim at the time.

Myself and FTO Cochran walked around the apartment complex the witness had said the shooter went and tried to search for any evidence. We then followed other Officers up to the tree line where an Officer had said he thought he saw and heard an individual running. As we approached the tree line we were instructed to follow up at the victim's primary residence, at [REDACTED] where another Officer was with the victim. On the way to the victim's residence other tenants of different apartment buildings were telling us from their balconies what they had seen. Myself and FTO Cochran continued walking to the victim's apartment. As we approached the residence we walked up three flights of stairs to where the victim and another Officer were talking. At the top of the stairs there was a shell casing of a handgun.

As other officers arrived the victim started to walk around back and I followed her asking where she was going. She stated she was going to her balcony. As we approached the back of the complex she started trying to climb up the balconies but I prevented her from doing so by telling her to not climb the balcony and that it was not a good idea. I informed her we were doing everything we could to get her inside her apartment but she continued to say her feet hurt from being so cold. As other Officers arrived to the back of the complex she started to walk to the front.

From her residence we canvased the parking lot on the way to the tree line for any evidence. As we approached the tree line we were informed we could clear up from the scene.

A suspicious persons call aired from Lewiston St. NW with a description of the suspect that we had been given from the GSW on [REDACTED]. As myself and FTO Cochran arrived on scene I was visibly assessing the suspect with my service pistol drawn at the low ready position in the direction of the suspect who was standing in front of a residence with both hands under the bottom of his sweatshirt in the front of his body. Another Officer was giving commands to the suspect to show us his hands and the commands were being ignored.

The suspect fled towards the left side of the house jumping up onto a ledge where he tripped and fell. As he was getting back up I heard an Officer yell he threw a gun. I then re holstered my service weapon and joined in the foot pursuit. The suspect was being detained by the time I

## CONFIDENTIAL SUPPLEMENT NARRATIVE CONTINUATION

226-PAGE #	227-DATE	228-INCIDENT NUMBER	229-REPORTING OFFICER	230-CODE #	231-VICTIM NAME
8	04/04/2021	21-028314	Officer Brian A. Booker	1023	SOCIETY

NARRATIVE

arrived to the area he was caught in.

I assisted FTO Cochran in the collection of the handgun that the suspect had thrown. The handgun was identified as a Taurus 9MM G2C Serial Number ABL156853. After we collected the gun we also collected 4 9MM rounds, 1 9MM round with a red tip, and a golden sealed bag with a substance inside that had the odor of marijuana from the suspect after he had been searched after his arrest.

Once we got back to the Police Department I packaged all the evidence with the supervision of FTO Cochran and assisted in the completion of a fire arm clearing house form.

Nothing further to report.

SUPPLEMENT #9    Officer Michael G. Saunders - 1199    04/03/2021    21:27

BWC            4/3/21            0556- 0636            0640- 0703

SUPPLEMENT #10    Officer Samuel J. Cochran - 1100    04/03/2021    21:31

On Saturday, 4/3/21 at 0556 hours I, FTO SJ Cochran along with Officer M. Saunders, responded to [REDACTED] in reference to an aired GSW call. We responded with our emergency equipment activated en route to the call. Upon our arrival we located the alleged victim who was visibly shook up but did not appear to have actually been struck by gunfire. Other officers began speaking with her while we canvassed the area for evidence.

We worked our way northwards through the apartment complex and did not locate anything of evidentiary value. While other officers made their way into the wood line where they believed one of the suspects had potentially ran into, myself and Officer Saunders made our way back to [REDACTED] where an additional caller stated he saw a "bullet" on one of the landings.

On our arrival here, we located one 9mm casing on the third floor landing in front of [REDACTED]. The victim had relocated here after presumably refusing medical treatment from the ambulance. She was speaking with another officer on scene, and she was attempting to get back into her apartment [REDACTED] to find her boyfriend (who was later identified as one of our suspects in this incident, T [REDACTED] L [REDACTED]). After other officers were done canvassing the area, I made an evidence technician aware for the location of the casing and it was collected.

After clearing from this call, a suspicious call came in at [REDACTED] Lewiston St NW (just north of the wood line officers had been searching) stating that there was a black male knocking on the caller's door asking for help and to use her phone. Due to the proximity and the description given we believed this to be our suspect from this incident involved in the shooting.

We then responded along with several other officers and observed the black male on the front porch of this residence, and I observed he was wearing a black hoodie and light colored pants,



## CONFIDENTIAL SUPPLEMENT NARRATIVE CONTINUATION

226-PAGE #	227-DATE	228-INCIDENT NUMBER	229-REPORTING OFFICER	230-CODE #	231-VICTIM NAME
9	04/04/2021	21-028314	Officer Brian A. Booker	1023	SOCIETY

**NARRATIVE:**

and had both of his hands in the front of his waistband concealed. I had my service weapon at the low ready towards the suspect and he was given multiple commands to show us his hands which he did not comply with. He then began walking away from us and started running northbound and we initiated a foot pursuit on the subject. As he was running, I heard Officer Newman in front of me yell that the subject had a gun. I then heard him state that the subject had thrown the gun and someone needed to stay with it.

As he stated this I looked down while running and observed a black in color handgun on the driveway in front of me of [REDACTED] Lewiston St NW. The handgun was in the path that I had observed the suspect running. I then stopped and remained with the firearm to maintain the chain of custody. It was a black in color Taurus G2C 9mm and had an extended magazine. The suspect was taken into custody in the yard of the residence just north of my location at [REDACTED] Lewiston St NW. I remained with the firearm until the evidence technician came and took photographs of where we had located the firearm.

I then collected the firearm and made it safe (it had been unloaded, no rounds in the extended magazine as well). While still on scene Officer Booker advised me he had located 5 rounds of live ammunition on the suspect as well as a small sealed bag of marijuana. I then collected these items as well (5 cartridges of 9mm ammunition, one of which had a red plastic tip and appeared to be a dummy round).

The marijuana was then weighed in front of PST Penn- Timmity at 0719 hours at 3.6g and placed into the property room to be destroyed, no charges placed for the marijuana. The firearm and the rounds of ammunition were also placed into the property room as evidence. Firearm was placed into locker 6. A firearm clearing form was completed for the handgun. A NICS form will also be completed for the possession of drugs along with a firearm. Packaging was completed by Officer Saunders under my supervision.

Nothing further to report.

SUPPLEMENT #13 Tech Admin Katelynn Cobb - 7260 04/05/2021 09:59

1652593 BOOKER BWC VIDEO LOCATED AND TAGGED ON EVIDENCE.COM FOR 04/03/2021 STARTING AT 0554 0638

NO OTHER BWC VIDEO CREATED DURING TIME RANGE INDICATED BY OFFICER

SUPPLEMENT #14 Tech Admin Katelynn Cobb - 7260 04/05/2021 10:00

1652675 NEWMAN BWC VIDEO LOCATED AND TAGGED ON EVIDENCE.COM FOR 04/03/2021 STARTING AT 0552 0641 0735

NO OTHER BWC VIDEO CREATED DURING TIME RANGE INDICATED BY OFFICER

SHOP 2433 VIDEO TAGGED IN WATCH GUARD

SUPPLEMENT #15 Tech Admin Katelynn Cobb - 7260 04/05/2021 10:04

## CONFIDENTIAL SUPPLEMENT NARRATIVE CONTINUATION

226-PAGE #	227-DATE	228-INCIDENT NUMBER	229-REPORTING OFFICER	230-CODE #	231-VICTIM NAME
10	04/04/2021	21-028314	Officer Brian A. Booker	1023	SOCIETY
NARRATIVE:					
1652688 SAUNDERS BWC VIDEO LOCATED AND TAGGED ON EVIDENCE.COM FOR 04/03/2021 STARTING AT 0552					
0640					
SUPPLEMENT #16 Detective William A. Engel - 0493 04/07/2021 14:43					
Firearm Trace #					
T20210149213					
SUPPLEMENT #17 LT. Andrew S. Ashby - 0764 04/23/2021 13:25					
The aggravated assault offense was deleted based on no injuries to the victim and no clear indication that she was targeted and shot at.					
SUPPLEMENT #18 Forensic Inv. Christopher Levering - 0589 05/19/2021 08:50					
Weapons Law Violation					
(21-028314)					
On 05 18 2021 I, Officer CM Levering, retrieved the following items from the property room:					
Item #203 - Four Intact 9mm WIN Bullets					
Item #204 - Taurus G2C					
My intention was to fire the gun in order to do a NIBIN entry. However, before handling the weapon, I swabbed the gun for potential Trace DNA - this was done in case it was later determined necessary to send the firearm to the State Lab for DNA testing.					
After swabbing the weapon, I attempted to fire the weapon, however I was unable to get the weapon to fire. The magazine that was packaged with the gun was broken to that point that it was unable to hold a cartridge. In order to load the weapon, I had to place a cartridge (from ITEM #203) in the chamber to attempt to fire the weapon. With the cartridge in the chamber, the slide would not slide all the way forward, thus not allowing the weapon to fire. Once the cartridge was removed from the chamber, I noticed that there were firing pin marks on the primer, but not enough force was exerted on the firing pin to cause the weapon to actually fire.					
After determining that the weapon would not fire, I packaged it and returned it to the property room.					
Nothing further.					

## CONTINUATION PAGE

173-PAGE # 11	174-DATE 04/04/2021	1754-INCIDENT # 21-028314	176-REPORTING OFFICER Officer Brian A. Booker	177-CODE # 1023	178-VICTIM NAME SOCIETY
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## Offense(s)

19-OFFENSE # 2	20-UCR CODE 90Z	21-OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed	22-OFFENDER USED: <input checked="" type="checkbox"/> (N) Not Applicable <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs	23-Burglary (220) Location 14&19: # PREMISES ENTERED?	24-FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No
25-OFFENSE NAME Obstruction Of Justice			26-ADDRESS OF OFFENSE ROANOKE, VA 24017		27-DIRECTION OF TRAVEL: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> JUNK
28-LOCATION CODE (Enter 1) <input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (03) Bar/Night Club <input type="checkbox"/> (04) Church/Synagogue/Temple <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department Discount Store <input type="checkbox"/> (09) Drug Store/DR's Office/Hospital <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (12) Grocery/Supermarket			<input checked="" type="checkbox"/> (13) Highway/Road/Alley <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (15) Jail/Prison/Institution <input type="checkbox"/> (16) Lake/Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School/College <input type="checkbox"/> (23) Service/Gas Station <input type="checkbox"/> (24) Specialty Store (TV,Fur,Etc.) <input type="checkbox"/> (25) Other/Unknown		
30-TYPE CRIMINAL ACTIVITY: (Max. 3) <input type="checkbox"/> (B) Buying <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (P) Possessing/Concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/Consuming			31-TYPE SECURITY: (Max. 2) <input type="checkbox"/> (A) Alarm/Audio <input type="checkbox"/> (I) Ext. Lights <input type="checkbox"/> (B) Alarm/Silent <input type="checkbox"/> (J) Int. Lights <input type="checkbox"/> (C) Bars/Grate <input type="checkbox"/> (K) Fence <input type="checkbox"/> (D) Camera <input type="checkbox"/> (L) Guard <input type="checkbox"/> (E) Dog <input type="checkbox"/> (M) Neighborhood Watch <input type="checkbox"/> (F) Dead Bolt <input type="checkbox"/> (N) Other <input type="checkbox"/> (G) Locked <input type="checkbox"/> (O) None <input type="checkbox"/> (H) Unlocked		
29-WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.) <input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics/Drugs/ Sleeping Pills <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (90) Other <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (99) None <input type="checkbox"/> (40) Personal Weapons (Hands, etc.)			32-ENTRY/EXIT: (Max. 2 entry, 2 exit) En Ex <input type="checkbox"/> (01) Front <input type="checkbox"/> (10) Attached Garage <input type="checkbox"/> (02) Rear <input type="checkbox"/> (11) Wall <input type="checkbox"/> (03) Side <input type="checkbox"/> (12) Vehicle <input type="checkbox"/> (04) Attic <input type="checkbox"/> (13) Floor <input type="checkbox"/> (05) Vent/A/C <input type="checkbox"/> (14) Roof/Skylight <input type="checkbox"/> (06) Window <input type="checkbox"/> (15) Hidden Within <input type="checkbox"/> (07) Door <input type="checkbox"/> (16) Other <input type="checkbox"/> (08) Patio/Sliding Dr. <input type="checkbox"/> (17) Unknown <input type="checkbox"/> (09) Balcony/Fire Escape		
34-WHICH OFFENDERS ARE RELATED TO THIS OFFENSE?: (mark offender #s): <input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9 <input type="checkbox"/> #10 others: _____			35-BIAS MOTIVATED CRIME: 88 - None (No Bias)		
19-OFFENSE # 3	20-UCR CODE 35A	21-OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed	22-OFFENDER USED: <input checked="" type="checkbox"/> (N) Not Applicable <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs	23-Burglary (220) Location 14&19: # PREMISES ENTERED?	24-FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No
25-OFFENSE NAME Drug/Narcotic Violations			26-ADDRESS OF OFFENSE ROANOKE, VA 24017		27-DIRECTION OF TRAVEL: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> JUNK
28-LOCATION CODE (Enter 1) <input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (03) Bar/Night Club <input type="checkbox"/> (04) Church/Synagogue/Temple <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department Discount Store <input type="checkbox"/> (09) Drug Store/DR's Office/Hospital <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (12) Grocery/Supermarket			<input checked="" type="checkbox"/> (13) Highway/Road/Alley <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (15) Jail/Prison/Institution <input type="checkbox"/> (16) Lake/Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School/College <input type="checkbox"/> (23) Service/Gas Station <input type="checkbox"/> (24) Specialty Store (TV,Fur,Etc.) <input type="checkbox"/> (25) Other/Unknown		
30-TYPE CRIMINAL ACTIVITY: (Max. 3) <input type="checkbox"/> (B) Buying <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (P) Possessing/Concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/Consuming			31-TYPE SECURITY: (Max. 2) <input type="checkbox"/> (A) Alarm/Audio <input type="checkbox"/> (I) Ext. Lights <input type="checkbox"/> (B) Alarm/Silent <input type="checkbox"/> (J) Int. Lights <input type="checkbox"/> (C) Bars/Grate <input type="checkbox"/> (K) Fence <input type="checkbox"/> (D) Camera <input type="checkbox"/> (L) Guard <input type="checkbox"/> (E) Dog <input type="checkbox"/> (M) Neighborhood Watch <input type="checkbox"/> (F) Dead Bolt <input type="checkbox"/> (N) Other <input type="checkbox"/> (G) Locked <input type="checkbox"/> (O) None <input type="checkbox"/> (H) Unlocked		
29-WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.) <input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (70) Narcotics/Drugs/ Sleeping Pills <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (90) Other <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (99) None <input type="checkbox"/> (40) Personal Weapons (Hands, etc.)			32-ENTRY/EXIT: (Max. 2 entry, 2 exit) En Ex <input type="checkbox"/> (01) Front <input type="checkbox"/> (10) Attached Garage <input type="checkbox"/> (02) Rear <input type="checkbox"/> (11) Wall <input type="checkbox"/> (03) Side <input type="checkbox"/> (12) Vehicle <input type="checkbox"/> (04) Attic <input type="checkbox"/> (13) Floor <input type="checkbox"/> (05) Vent/A/C <input type="checkbox"/> (14) Roof/Skylight <input type="checkbox"/> (06) Window <input type="checkbox"/> (15) Hidden Within <input type="checkbox"/> (07) Door <input type="checkbox"/> (16) Other <input type="checkbox"/> (08) Patio/Sliding Dr. <input type="checkbox"/> (17) Unknown <input type="checkbox"/> (09) Balcony/Fire Escape		
34-WHICH OFFENDERS ARE RELATED TO THIS OFFENSE?: (mark offender #s): <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9 <input type="checkbox"/> #10 others: _____			35-BIAS MOTIVATED CRIME: 88 - None (No Bias)		

## CONTINUATION PAGE

173-PAGE # 12	174-DATE 04/04/2021	175-INCIDENT # 21-028314	176-REPORTING OFFICER Officer Brian A. Booker	177-CODE # 1023	178-VICTIM NAME SOCIETY
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## Offense(s)

19-OFFENSE # 4	20-UCR CODE 90Z (00S)	21-OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed	22-OFFENDER USED: <input checked="" type="checkbox"/> (N) Not Applicable <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs	23-Burglary (220) Location 14&19: # PREMISES ENTERED?	24-FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No
25-OFFENSE NAME Suspicious Activity (higher priority than Police Info)			26-ADDRESS OF OFFENSE ROANOKE, VA 24017		27-DIRECTION OF TRAVEL: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> UNK
28-LOCATION CODE (Enter 1) <input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (03) Bar/Night Club <input type="checkbox"/> (04) Church/Synagogue/Temple <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department Discount Store <input type="checkbox"/> (09) Drug Store/DR's Office/Hospital <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (12) Grocery/Supermarket <input checked="" type="checkbox"/> (13) Highway/Road/Alley <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (15) Jail/Prison <input type="checkbox"/> (16) Lake/Waterway <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) School/College <input type="checkbox"/> (23) Service/Gas Station <input type="checkbox"/> (24) Specialty Store (TV,Fur,Etc.) <input type="checkbox"/> (25) Other/Unknown			29-WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.) <input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (70) Narcotics/Drugs/ Sleeping Pills <input type="checkbox"/> (85) Asphyxiation <input type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None		
30-TYPE CRIMINAL ACTIVITY: (Max. 3) <input type="checkbox"/> (B) Buying <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (P) Possessing/Concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/Consuming		31-TYPE SECURITY: (Max. 2) <input type="checkbox"/> (A) Alarm/Audio <input type="checkbox"/> (B) Alarm/Silent <input type="checkbox"/> (C) Bars/Grate <input type="checkbox"/> (D) Camera <input type="checkbox"/> (E) Dog <input type="checkbox"/> (F) Dead Bolt <input type="checkbox"/> (G) Locked <input type="checkbox"/> (H) Unlocked <input type="checkbox"/> (I) Ext. Lights <input type="checkbox"/> (J) Int. Lights <input type="checkbox"/> (K) Fence <input type="checkbox"/> (L) Guard <input type="checkbox"/> (M) Neighborhd. Watch <input type="checkbox"/> (N) Other <input type="checkbox"/> (O) None		32-ENTRY/EXIT: (Max. 2 entry, 2 exit) En Ex <input type="checkbox"/> (01) Front <input type="checkbox"/> (02) Rear <input type="checkbox"/> (03) Side <input type="checkbox"/> (04) Attic <input type="checkbox"/> (05) Vent/A.C. <input type="checkbox"/> (06) Window <input type="checkbox"/> (07) Door <input type="checkbox"/> (08) Patio/Sliding Dr. <input type="checkbox"/> (09) Balcony/Fire Escape <input type="checkbox"/> (10) Attached Garage <input type="checkbox"/> (11) Wall <input type="checkbox"/> (12) Vehicle <input type="checkbox"/> (13) Floor <input type="checkbox"/> (14) Roof/Skylight <input type="checkbox"/> (15) Hidden Within <input type="checkbox"/> (16) Other <input type="checkbox"/> (17) Unknown	
34-WHICH OFFENDERS ARE RELATED TO THIS OFFENSE?: (mark offender #s): <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9 <input type="checkbox"/> #10 others:			35-BIAS MOTIVATED CRIME: 88 - None (No Bias)		

## Victim(s)

36-VICTIM # 2	37-NAME: Last, First, Middle [REDACTED]	38-SOC. SEC. NO. [REDACTED]	39-DATE OF BIRTH [REDACTED]																																																																																																																																																																																																																																																																																																									
40-RESIDENT ADDRESS: Street City State 41-ZIP [REDACTED]		53-RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number):																																																																																																																																																																																																																																																																																																										
42-OCCUPATION [REDACTED]	43-RESIDENT PHONE [REDACTED]	<table border="1"> <tr> <th>#1</th><th>#2</th><th>#3</th><th>#4</th><th>#5</th><th>#6</th><th>#7</th><th>#8</th><th>#9</th><th>#10</th><th>VICTIM WAS:</th> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SE) Spouse</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CS) Common-Law Spouse</td> </tr> <tr> <td><input type="checkbox"/></td><td><input 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44-EMPLOYMENT PHONE [REDACTED]		45-SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown																																																																																																																																																																																																																																																																																																										
46-ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown		47-AGE: Exact Age 21 Range / <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown																																																																																																																																																																																																																																																																																																										
48-RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian/Pacific Islander		49-RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown																																																																																																																																																																																																																																																																																																										
50-VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other <input type="checkbox"/> (L) L.E. Officer																																																																																																																																																																																																																																																																																																												
51-VICTIM INJURY: (Max. 5) <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (U) Unconsciousness		52-THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10 <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #8 <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9 others:																																																																																																																																																																																																																																																																																																										
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES																																																																																																																																																																																																																																																																																																												
54-Aggravated Assault/Murder: (max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killing <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances		54-Negligent Manslaughter: (enter 1) <input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings																																																																																																																																																																																																																																																																																																										
54-Justifiable Homicide: (enter 1) <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer		57-ADDITIONAL JUSTIFIABLE HOMICIDE CIRC.: (enter 1) <input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civilian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information																																																																																																																																																																																																																																																																																																										

## CONTINUATION PAGE

173-PAGE # 13	174-DATE 04/04/2021	1754-INCIDENT # 21-028314	176-REPORTING OFFICER Officer Brian A. Booker	177-CODE # 1023	178-VICTIM NAME SOCIETY
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## Arrest Offense(s)

Arrestee #1: L [REDACTED] T [REDACTED]

SEQ.	OFFENSE CODE	OFFENSE DESCRIPTION
2	520	Weapon Law Violations
3	90Z	Obstruction Of Justice

## Others Involved

NAME: Last, First, Middle				SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		AGE: _____ <input type="checkbox"/> (00) Unknown		RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	
RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE		EMPLOYT. PHONE			